



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
Olympia, Washington 98504-5000

QUARTERLY REPORT TO THE LEGISLATURE

**SERVICES TO PERSONS WITH  
DEVELOPMENTAL DISABILITIES WHO HAVE  
COMMUNITY PROTECTION ISSUES OR ARE  
DIVERTED/DISCHARGED FROM STATE  
HOSPITALS**

**Chapter 7, Laws of 2001, E2, Section 205(1)(c)**

Department of Social and Health Services  
Health and Rehabilitative Services Administration  
Timothy R. Brown, Ph.D., Assistant Secretary

May 2002

Prepared By:  
Division of Developmental Disabilities  
Linda Rolfe, Director

## **BACKGROUND**

Chapter 7, Laws of 2001, E2, Section 205(1)(c) requires the Division of Developmental Disabilities to report, within 45 days following each fiscal quarter, the number of persons served in the community through the Public Safety Proviso, where they were residing, what kinds of services they were receiving prior to placement, and the actual expenditures for all community services to support these clients.

### **Prison Discharge Clients:**

As part of the Public Safety Proviso, the legislature appropriated funds to the Division of Developmental Disabilities (DDD) to provide community supports for 26 developmentally disabled individuals upon their release from the Department of Corrections (DOC). These funds were provided at an average daily rate of \$275 per client/per day.

### **Hospital Discharge/Diversion Clients:**

Providing services to individuals with developmental disabilities who are diagnosed with mental illness and/or are otherwise gravely disabled is a long-term state and national issue. Since 1985, the Washington State Legislature has periodically provided funding to enable some developmentally disabled clients to move out of state hospitals when community placement is recommended. Between August 1996-98, however, the number of people with developmental disabilities at the state's two psychiatric hospitals grew from 53 to a high of 92.

In January 1999, the Washington Protection and Advocacy System filed a federal class action lawsuit (*Allen v DSHS*) alleging abuse and neglect of individuals with developmental disabilities at Western State Hospital (WSH). It further alleged that individuals were denied opportunities for discharge and community support, and that they were at risk for unnecessary involuntary commitment. A mediated settlement agreement was reached in December 1999. Among the terms of the agreement, the state agreed to request funding from the legislature to implement a three-phase remedy titled the Division of Developmental Disabilities/Mental Health Division Collaborative Work Plan.

The supplemental budget passed in the 2000 legislative session included \$6,673,000 to fund phases one and two of the collaborative work plan. Phase three of the work plan proposed to establish involuntary treatment facilities. Phase three was not initially funded. The legislature instead required a comprehensive study of long-term treatment alternatives for individuals with developmental disabilities and mental illness. The report's recommendation was to continue to house involuntary treatment clients at the two state psychiatric hospitals.

The legislature authorized funds to support phase three at the state psychiatric hospitals in the 2001-2003 operating budget.

As part of the Public Safety Proviso the legislature appropriated funds to the Division of Developmental Disabilities to provide community supports for 18 developmentally disabled individuals upon their release from state psychiatric hospitals and 30 developmentally disabled individuals who utilized diversion beds in an effort to avoid unnecessary hospitalization. These funds were provided at an average daily rate of \$275 per client/per day.

## **STATUS**

### **Prison Discharge Clients**

Seven individuals have been placed into the Division's Community Protection Program this biennium. Six were from the Department of Corrections, and one was from the Juvenile Rehabilitation Administration. The average daily rate is \$304.39. (See Attached Spread Sheet.)

During the last quarter (January 2002 through March 2002) four individuals have been placed. Prior to their placement with DDD, all four participated in psychosexual treatment while incarcerated.

TB had been living with his family before being charged with and convicted of First Degree Rape of a Child in 1991. Prior to that, he had been charged with three counts of First Degree Statutory Rape in 1987, but plea-bargained that down to one count of Indecent Liberties. His psychosexual assessment states that his potential for re-offense is high and his violence potential is medium risk. He registers as a Level 3 Sex Offender for public notification.

DB has been identified as a Dangerous Mentally Ill Offender. His conviction was Child Rape in January, 2001 and he registers as a Level 2 Sex Offender. Prior to going to prison, he lived with his grandmother. There was constant tension in the home because of his aggressiveness and the excessive phone bills due to 1-900 calls. He is receiving mental health treatment from his local Regional Support Network.

DT was convicted of Child Molestation 1 in 1996. Prior to that he had been charged with assaulting his teacher in 1991. He lived with his parents before his arrest and conviction. He registers as a Level 2 Sex Offender.

EW served time under the Juvenile Rehabilitation Administration (JRA) for several counts of First Degree Child Molestation. He lived with his mother and stepfather prior to being under the custody of JRA. While at Maple Lane he attended school and participated in therapy. He registers as a Level 3 Sex Offender.

Housing for individuals who must register as sex offenders is becoming increasingly hard to find.

All four individuals have community corrections officers who are involved with the treatment team and interact regularly with the individuals and providers.

## **Hospital Discharge/Diversion Clients**

### **Hospital Outplacements**

The Division of Developmental Disabilities has placed eight clients out of state psychiatric hospitals into Intensive Tenant Support Services (ITS) since July 1, 2001 with an average daily rate of \$274.79. (See attached spreadsheet.)

For the quarter January through March 2002, two clients were placed into ITS services. Prior to community placement, KS and AH received habilitative mental health services at Western State Hospital (WSH) as part of the WSH DDD Specialized Treatment Unit. These inpatient services included group and individual counseling services, community-based vocational services and highly specialized individual treatment

plans including positive behavioral support plans and functional assessments.

KS had been living in his own home receiving Intensive Tenant Support Services in a Community Protection Program. Because of multiple assaults and mental health crisis, KS continued to have several admissions to WSH. KS frequently refused specialized therapy services as well as case management, crisis supports, psychiatric services and other DDD and mental health supports. While in the state hospital, KS's community support team met on three occasions to revise his crisis prevention and intervention plan. In addition, the DDD field services psychologist provided training to the community residential agency to help them better support KS. Because KS requires a high level of support and monitoring, additional staffing supports beyond what is available in the proviso are needed. These additional funds totaling \$127/day are paid for out of his previous public safety proviso funds.

AH was admitted to WSH eleven years ago, under Chapter 10.77 RCW, having been found incompetent to stand trial for stabbing his mother. Prior to his admission, AH lived with his mother and was employed as a dishwasher. He received no mental health or DDD services. AH moved to a DDD Certified Community Protection Program in February 2002. He has been referred to a vocational provider agency and is also receiving therapy from a Sex Offender Treatment Professional (SOTP). In addition, AH receives \$6.60/day in client-allowance support to assist him with payment for rent and utilities.

#### **Diversion Bed Outplacements:**

The Division of Developmental Disabilities has placed twelve clients into the community out of the crisis diversion beds since July 1, 2001 with an average daily rate of \$256.51. (See attached spreadsheet.) Because the division used unspent funds from outplacement client JE to enhance current residential supports for client GM, we were able to place an additional client within the existing outplacement funds. It is noted that as a result of this, the average daily rate for diversion beds went from \$272.01 per day to \$256.51 per day.

For the quarter January through March 2002, four clients were placed into proviso-funded residential services and supports. Of the four clients, one had previously been homeless, one had been living in an Intensive Tenant

Support Program, and two had previously resided in an Adult Family Home.

OH had been living with others in an Intensive Tenant Support program and was receiving a limited amount of residential supports. OH suddenly began refusing her psychotropic medications and as a result, began losing the ability to care for herself. While acutely mentally ill, OH quit her job and was admitted to a crisis diversion bed acutely distressed. While there, OH was reconnected with her mental health provider and also began taking her medications. As a result of receiving proviso outplacement funds, she now has staff available 24 hours per day to assist her with activities of daily living such as taking medications, assistance with grocery shopping, meal preparation, home maintenance, support for developing relationships in the community, etc. Additionally, OH is receiving professional psychiatric services from her mental health provider and now has funds for developing employment supports.

OL had moved from California with her mother in June of 2001 and received DDD case management services from the State of California Department of Social and Health Services. Living with her mother proved difficult. OL moved out of the home, had no place to live, had no job, and was at risk for victimization on the streets. She was admitted and discharged several times from the crisis triage unit and crisis diversion bed before agreeing to increased supports. Now OH has moved into an Intensive Tenant Support program and has funding for employment. Additionally, she receives professional psychiatric services and therapy from a mental health provider. OH has not accessed crisis triage or crisis diversion services since moving into her new home.

AE had previously been receiving supports in an Adult Family Home. She was admitted to a crisis diversion bed for depression and suicidal ideation as a result of having great difficulty adjusting to her disability, which included many physical disabilities. When admitted, AE wanted to “end it all”. Even though she was enrolled in school, she did not want to attend class anymore. After being admitted to the crisis diversion bed, AE was diagnosed with depression by the mental health center psychiatrist. She is now receiving treatment for this, including on-going therapy and medications. She has moved into a new Intensive Tenant Support Program and is showing an interest in returning to school.

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BW, a 25 year old profoundly mentally retarded young man with a history of aggressive behavior, seizures, hydrocephaly, deafness, intestinal problems and orthopedic deformities had previously resided in an Adult Family Home and received Medicaid Personal Care services. In March of 2000, BW fell head first down a laundry chute and sustained permanent paralysis from the mid-chest downward. In April, the Adult Family Home was no longer able to support him because of aggressive behaviors and he was admitted to a diversion bed. BW moved into an Intensive Tenant Support program one week ago that is better able to support his mental and physical health needs. He will be receiving mental health therapy as well as the opportunity to work in a funded employment program.

**2001-2003**  
**Proviso Tracking OUTPLACEMENT TOTALS**

<b>Diversion Bed Outplacements</b>					<b>Type of Services</b>				<b>Expenditures</b>	
<u>Region</u>	<u>Client Number</u>	<u>Previous Residence</u>	<u>Residential Start Date</u>	<u>Number of Days in Service</u>	<u>Residential Daily Rate</u>	<u>Day Services Daily Rate</u>	<u>Other Daily Rate</u>	<u>Therapies Daily Rate</u>	<u>Average Daily Expend.</u>	<u>Total Expend. To Date</u>
4	#1 AH	Family Home	7/1/2001	274	\$ 246.00	\$ 24.00	\$ -	\$ -	\$ 270.00	\$ 73,980.00
6	#2 MA	Group Home	8/20/2001	224	\$ 274.90	\$ -	\$ -	\$ -	\$ 274.90	\$ 61,577.60
1	#3 JP	Adult Family Home	9/27/2001	186	\$ 234.39	\$ 24.00	\$ -	\$ -	\$ 258.39	\$ 48,060.54
3	#4 CS	Adult Family Home	11/1/2001	151	\$ 240.90	\$ 24.00	\$ -	\$ 10.00	\$ 274.90	\$ 41,509.90
6	#5 JE	Adult Family Home	12/1/2001	121	\$ 212.87	\$ 24.00	\$ 10.00	\$ 10.00	\$ 256.87	\$ 31,081.27
6	#6 GM	Group Home	12/1/2001	121	\$ 42.03	\$ 24.00	\$ 10.00	\$ 10.00	\$ 86.03	\$ 10,409.63
4	#7 TR	Adult Family Home	12/14/2001	108	\$ 235.05	\$ 24.00	\$ 10.00	\$ -	\$ 269.05	\$ 29,057.40
2	#8 MH	Group Home	12/17/2001	105	\$ 267.15	\$ -	\$ -	\$ 10.00	\$ 277.15	\$ 29,100.75
2	#9 OH	ITS	2/1/2002	59	\$ 250.89	\$ 24.00	\$ -	\$ -	\$ 274.89	\$ 16,218.51
5	#10 OL	Homeless	3/1/2002	31	\$ 263.33	\$ 18.00	\$ -	\$ 10.00	\$ 291.33	\$ 9,031.23
3	#11 AE	Adult Family Home	3/15/2002	17	\$ 240.90	\$ 24.00	\$ -	\$ 10.00	\$ 274.90	\$ 4,673.30
1	#12 BW	Adult Family Home	3/29/2002	3	\$ 242.41	\$ 17.34	\$ -	\$ 10.00	\$ 269.75	\$ 809.25
<b>Average for Diversion Bed Outplacements</b>									<b>\$ 256.51</b>	
<b>Hospital Outplacements</b>										
<u>Region</u>	<u>Client Number</u>	<u>Previous Residence</u>	<u>Residential Start Date</u>	<u>Number of Days in Service</u>						
6	#1 JC	WSH	8/1/2001	243	\$ 254.90	\$ -	\$ 10.00	\$ 10.00	\$ 274.90	\$ 66,800.70
3	#2 ST	WSH	8/1/2001	243	\$ 240.90	\$ 24.00	\$ -	\$ 10.00	\$ 274.90	\$ 66,800.70
4	#3 DH	WSH	9/30/2001	183	\$ 207.80	\$ 24.00	\$ -	\$ -	\$ 231.80	\$ 42,419.40
5	#4 LM	WSH	11/19/2001	133	\$ 254.89	\$ 20.00	\$ -	\$ -	\$ 274.89	\$ 36,560.37
5	#5 RG	WSH	11/19/2001	133	\$ 254.89	\$ 20.00	\$ -	\$ -	\$ 274.89	\$ 36,560.37
2	#6 ES	ESH	12/24/2001	98	\$ 258.67	\$ 24.00	\$ -	\$ 14.80	\$ 297.47	\$ 29,152.06
6	#7 KS	WSH	1/31/2002	60	\$ 274.90	\$ -	\$ -	\$ -	\$ 274.90	\$ 16,494.00
4	#8 AH	WSH	2/26/2002	34	\$ 249.50	\$ 24.00	\$ 6.60	\$ 14.50	\$ 294.60	\$ 10,016.40
<b>Average for Hospital Outplacements</b>									<b>\$ 274.79</b>	
<b>Prison Outplacements</b>										
<u>Region</u>	<u>Client Number</u>	<u>Previous Residence</u>	<u>Residential Start Date</u>	<u>Number of Days in Service</u>						
6	#1 SB	DOC	7/1/2001	274	\$ 307.14	\$ -	\$ 3.61	\$ 26.27	\$ 337.02	\$ 92,343.48
6	#2 PR	DOC	7/1/2001	274	\$ 247.50	\$ -	\$ 20.88	\$ 26.27	\$ 294.65	\$ 80,734.10
5	#3 TC	DOC	11/21/2001	131	\$ 240.01	\$ 20.00	\$ -	\$ 14.80	\$ 274.81	\$ 36,000.11
3	#4 TB	DOC	1/1/2002	90	\$ 273.00	\$ 26.97	\$ -	\$ 10.00	\$ 309.97	\$ 27,897.30
3	#5 DT	DOC	2/1/2002	59	\$ 273.00	\$ 26.00	\$ -	\$ 10.00	\$ 309.00	\$ 18,231.00
4	#6 EW	Juvenile Rehab	3/1/2002	31	\$ 320.62	\$ -	\$ 6.57	\$ -	\$ 327.19	\$ 10,142.89
5	#7 DB	DOC	3/1/2002	31	\$ 262.13	\$ 20.00	\$ -	\$ 15.00	\$ 297.13	\$ 9,211.03
<b>Average for Prison Outplacements</b>									<b>\$ 307.11</b>	
<b>Total Average Daily Expenditures</b>									<b>\$ 279.47</b>	
<b>Total Expenditures to Date</b>										<b>\$ 934,873.29</b>

**Note:**

\* An additional client (#6) was able to return to his group home placement with diversion bed outplacement funds to increase his current level of supports. These funds were left over from serving client # 5 .

\*If we do not include client # 6's residential service enhancement, the average daily rate for diversion bed outplacements would be \$268.43